

Montgomery County Department of Permitting Services 255 Rockville Pike, 2nd Floor Permitting MP 2007 A 400



Rockville, MD 20850-4166

Phone: 311 in Montgomery County or (240)777-0311

Fax: (240)777-6262

http://www.montgomerycountymd.gov/permittingservices

Application for Mechanical Permit

	s about Permit Application							
	BE SUBJECT TO ANNUAL (
NOTE 2: MAXIMUM	OF TEN (10) PERMIT APPLIC	CATIONS PER	R ONE CHECK	ເ. IVAC or Home Owner. A new mecha	nical parmit			
shall be obtained wi		i request iron	ii tile waster r	TVAC of Home Owner. A new mecha	nicai perinit			
		C	Contact ID					
Additional Require	ements:							
Δ huilding permit m	ust he issued prior to the iss	suance of a r	mechanical n	ermit, unless otherwise approved. A	n electrical			
	ed for any electrical work to			crimit, armess ourcrivise approved. A	ii cicciiicai			
A. Location of Bu	<u>*</u>	, so ponomi	,					
				Suito/Floo	r			
				Suite/Floor				
*				Zip				
B. Applicant (Con	npany/Person)							
Name								
	t Permit will be issued to			Suite/Floor	r			
City		State Zir						
Telephone #	Fax#	Fax # *E-mail Address						
Name of Firm				Phone #(LP-gas installation only)				
Masters Name	# State Meeter Di	Phor	ne #	(LD gos installation only)				
State HVAC Expiration	#State Master Pii n #	umber License	÷ #	(LP-gas installation only)				
	d # (for LP-gas installation only	/)						
	f Master:		Date:					
Contact		Telephone #						
Property Owner			Date	Phone #				
Equipment Detail:	Residential Building	Work Type:	Bate ☐ New	Construction Costs (commercial on	ly):			
_			_					
L	Commercial Building		□ Replace	A. Contract Value \$_ B. Material and Equipment Value \$_				
				Total (A-B)				
C. Fees								
the fee may be greate	er than the minimum. Except fo	r one-and two	family detache	ial installations. Depending on the exter ed and attached dwellings, the base me f listed equipment. This fee is in additior	chanical fee			
equipment fee listed i	n this section.							
EQUIPMENT FEES (NEW, REPLACEMENT, AND	REPAIR)						
	(includes but is not limited to he			Each 100 MBH or fractio	n \$23.00			
heat, heating capacity elements, LP gas-fire	of packaged units, duct heate d fireplaces, etc.)	rs, VAV box h	eating					
	(includes but is not limited to cots, cooling boxes, cooling equip			Each 5 ton capacity or fr	action \$23.00			
Fuel Tanks	e, coming conde, cooming equip			Each 500 water gallons	\$52.00			
Expansion Tanks				Each 50 water gallons	\$52.00			
	ace (includes wood stoves)			Each firebox	\$26.00			
Pre-fabricated chimi		nane-fired fire	nlaces new an	Each chimney d replacement natural gas-fired furnace	\$14.00			
	le family dwellings and townho				3 or proparie-			

Application for Mechanical Permit

Work without permit: \$ 1		10.00 10.00 35.00	<u>KEY/UNI</u> MBH = 10 WG = Wa		1KW = 3.4 MB Ton = 12,000 BTUH				
CHECK ALL THAT APPLY: Cooling Towers Fuel-Oil Pumps Commercial Hydronic Sys			☐ Ductwork ☐ Piping of Equipment						
D. PLEASE IDENTIFY WHICH OF THE FOLLOWING EQUIPMENT(S), ARE BEING INSTALLED OR REPLACED. INDICATE CAPACITY AND QUANTITY AS APPROPRIATE.									
	EQUIPMENT TYPE (CHECK, IF APPLICABLE	TOTAL CAPACITY	TOTAL QTY						
1	COOLING EQUIPMENT Gas Elec Oil Other Is this equipment a Chiller or refrigeration unit ?	TONS							
2	HEATING EQUIPMENT Gas Elec Oil Other	МВН	МВН						
3	PRE-FAB FIREPLACE								
4	PRE-FAB CHIMNEY								
5	RESIDENTIAL BOILERS Gas Elec Oil Other								
6	TANKS (EXPANSION)								
7	TANKS (FUEL-OIL, LP-GAS								
E. A	uthorized Agent Affidavit								
I Hereby declare and affirm, under the penalty of perjury, that: 1. I am duly authorized to make this permit application on behalf of 2. The work proposed by this building permit application is authorized by the property owner; and 3. All matters and facts set forth in this Affidavit are true and correct to the best of my knowledge, information and belief.									
Signature of Authorized AgentDate									
Print Name									
	fidavit		:	the fellowin					
In applying for an exemption from the licensing requirements to obtain a mechanical permit, the following must be true: (Check One) An individual owner of a single-family dwelling while that owner is practicing heating, ventilation, air-conditioning, or refrigeration services on or within a building or structure owned by the individual. An individual who is building a single-family dwelling in which that individual will reside while practicing heating, ventilation, air conditioning, or refrigeration services on or within that dwelling. Other All matters and facts set forth in this Affidavit are true and correct to the best of my knowledge, information, and belief. I hereby									
declare and affirm, under the penalty or perjury, all of the above: Signature of Property Owner									
Print Name:									
					· · · · · · · · · · · · · · · · · · ·				